

**DEPARTMENT OF DEFENSE WAIVER OF ASSIGNMENT
PERIOD FOR PROGRAM MANAGERS/
DEPUTY PROGRAM MANAGERS**

REPORT CONTROL SYMBOL

DD-P&R(Q&A)1841

COMPONENT/ORGANIZATION

1. TO *(Service Acquisition Executive/DACM)*

2. COPY TO *(USD(A)/AET&CD)*

3. FROM *(Organization and Address)*

POSITION DATA

4. NAME OF ACQUISITION PROGRAM

**5. MILESTONE STATUS/NEXT MILESTONE
DATE** *(YYYYMM)*

6. ORGANIZATION

7. UIC

8. POSITION NUMBER

9. OCCUPATIONAL SERIES/SPECIALTY

IDENTIFICATION AND PERSONAL DATA

10. NAME *(Last, First, Middle Initial)*

11. GRADE/RANK

12. SSN

13. POSITION *(X one)*

14. REPLACEMENT STATUS *(X one)*

☐ PROGRAM MANAGER

☐ DEPUTY PROGRAM MANAGER

☐ ASSIGNED

☐ NOT ASSIGNED

15. OCCUPATIONAL SERIES/SPECIALTY

16. DATE ASSIGNED TO POSITION
(YYYYMM)

17. PROPOSED REASSIGNMENT DATE
(YYYYMM)

18. WAIVER REASON *(X one)*

☐ PROMOTION

☐ REASSIGNMENT IN GOVERNMENT'S
INTEREST

☐ HUMANITARIAN REASSIGNMENT/
DISCHARGE

19. NARRATIVE

20. REQUESTING OFFICIAL

a. TYPED NAME

b. GRADE

c. ORGANIZATION

d. SIGNATURE

e. DATE *(YYYYMMDD)*

21. SERVICE ACQUISITION EXECUTIVE/DACM APPROVAL

a. TYPED NAME

b. TITLE

c. SIGNATURE

d. DATE *(YYYYMMDD)*